

## Claim Form (Additional claims -CPR Part 20)

In the	
Claim no.	
Fee Account no.	

Claimant(s)		
	/	
Defendant(s)		SEAL
Part 20 Claimant(s)		
D 120 D ( 1 1/)		
Part 20 Defendant(s)		
Brief details of claim		
Value		
Defendant's name and address	Amount claimed	£
	Court fee	
	Legal representative's costs	
	Total amount	
	Issue date	

For further details of the courts www.gov.uk/find-court-tribunal. When corresponding with the Court, please address forms or letters to the Manager and always quote the claim number.

	Claim no.
Particulars of Claim (attached)	
Statement of Truth  *(I believe)(The Part 20 claimant believes) that the  * I am duly authorised by the Part 20 claimant to s  Full name  Name of Part 20 claimant's legal representative's f	
signed	position or office held (if signing on behalf of firm or company)
*(Part 20 claimant)(Litigation friend) (Legal representative's solicitor)	(if signing on behalf of firm or company)
(Eegai representatives solicitor)	*delete as appropriate
	Part 20 claimant ('s legal representative's) address to which documents or payments should be sent if different from overleaf. If you are prepared to accept service by DX, fax or e-mail, please add details.